DOCUMENT RESUME

ED 103 725 CG 009 238

AUTHOR Susskind, Dorothy J.
TITLE The Idealized Self-Image and the Development of Learned Resourcefulness.
PUB DATE Apr 74
NOTE 21p.; Based on paper presented at the New York Psychological Association Annual Convention (36th, April 1974)

EDRS PRICE MF-$0.76 HC-$1.58 PLUS POSTAGE
DESCRIPTORS *Behavioral Counseling; *Behavior Change; *Cognitive Processes; *Hypnosis; Program Descriptions; Reinforcement; Self Actualization; *Self Esteem

ABSTRACT

Behavior therapy is by no means simplistic and mechanistic. It is possible to expand the horizons of behavior therapy to include such concepts as cognition and awareness without resorting to mentalistic or Freudian speculation. A new technique, the Idealized Self-Image (ISI) has been devised for the enhancement of self-esteem and learned resourcefulness. This procedure in conjunction with hypothesis can be used to develop self-mastery. A case study involving weight reduction for an obese 20-year old girl describes how ISI and hypnosis can modify behavior patterns. (Author/PC)

PERMISSION TO REPRODUCE THIS COPYRIGHTED MATERIAL HAS BEEN GRANTED BY
Dorothy J. Susskind
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC) AND ORGANIZATIONS OPERATING UNDER AGREEMENTS WITH THE NATIONAL INSTITUTE OF EDUCATION. FURTHER REPRODUCTION OUTSIDE THE ERIC SYSTEM REQUIRES PERMISSION OF THE COPYRIGHT OWNER.

ED103725

THE IDEALIZED SELF-IMAGE AND THE DEVELOPMENT OF LEARNED RESOURCEFULNESS (1)

INTRODUCTION:

There is much research and many promising lines of endeavor in the field of cognitive-behavior psychotherapy with which the clinician, teacher, parent and community should be familiar.

The primary focus on systematic desensitization and assertive training adopted by certain behavior therapists have identified behavior therapy with a few specific techniques or a "particular bag of tricks" that can be indiscriminately applied to most behavioral problems. This is simplistic and mechanistic, almost "cultish." The important common denominator underlying advances in empirical research, theoretical analysis and clinical innovations of the behavior therapist is the adoption of the strategy and concepts of experimental-behavioral science.

It is possible to be rigorous, scientific, and yet not simplistic. Naturally, when we function as behavioral scientists in the clinical situation, we have to apply our scientific principles at a considerably lower level of abstraction

CG 009 238

---

(1) Based upon an invited paper presented at the Division of Clinical Psychology Symposium, 36th Annual Convention, N.Y.S. Psychological Association, April 14, 1974

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

than is usually found in clinical research. Of necessity, we have to cut corners and work with less than complete information. Nevertheless, as Franks has well pointed out in his paper on "The Practitioner as Behavioral Scientist,"

> It is no myth to suggest that such a conceptual unity of science and practice can exist but it is certainly in the realm of wishful thinking to assume that such a goal is currently being attained to any large extent in the field of traditional clinical psychology. But the reality is there and we can strive toward it. When circumstances make temporary deviations unavoidable we can do so with intellectual honesty rather than nebulous thinking and we can make concerted efforts to reduce the departure from the ways of science to the unavoidable minimum. (Franks, 1969)

Another myth is that somehow behavior therapists, furtively or otherwise, control their patients. The film "Clockworm Orange" provides a typical example of the misrepresentation of behavior therapy as something that is calculating, rigid and encouraging the docility of the robot.

As is by now well documented (Franks and Susskind, 1963; Franks, Susskind, Franks, 1969), a major aim of behavior therapy is to give the individual concerned a knowledge of

the principles of behavior so that he is in a position to select appropriately for himself from a multiplicity of potential behavioral options and thereby increase his command of the situation. Far from imposing his or her will on the patient, the behavior therapist takes pains to discuss the principles, practices and theory of behavior therapy with his patient, and together--it is a collaborative process--they decide on an appropriate strategy to be used.

They are made aware that behavior is a function of its consequences and that rewarding and punishing events serve as important determinants of behavior. Pertinent contingencies past and present are reviewed with the patient to make him cognizant that he may be reinforcing undesirable behavior (e.g. Mrs. B who reinforced Tommy every time he had a temper tantrum by giving him love and attention, letting him watch TV, giving him candy and snacks).

S - Mother telling Tommy to go to bed

R - Tommy's temper tantrum

To the many so-called guardians of a free and democratic society, who profess to embrace the concept of the free man--free to make his own choice, to think his own thoughts, to become his own uniqueness--the behaviorist's response is that

freedom to choose can come only from full knowledge of the choices available and the methods at hand. Unlike Freudians, behavior therapists believe that with freedom comes responsibility governed by deliberate, rational decisions and informed self-monitoring. Man is not and should not be at the mercy of unconscious, illogical impulses.

As behavior therapy evolves, it becomes increasingly apparent that it is not at all simplistic. It is also apparent that--at least in principle--these extensions and expansions can be accomplished without any descent into the unholy waters of mysticism, subjective thinking and psychodynamics. It is not possible here to more than touch on these many exciting developments and, for this reason, I have chosen to focus briefly upon one such area, namely self-control.

Authorities such as Kanfer (1972), Mahoney (1974), and Goldfried and Merbaum (1973) have expressed themselves most admirably with respect to the current status of self-control. It becomes clear that the concept of self-control--until recently embedded in intrapsychic personality theories, and banished from strict behavioral accounts of human activities--can be repatriated with full honors. Self-control or self-management has nothing to do with mysterious psychic processes and phenomenological inner entities. For the behavior therapist, self-control means, among other things, principles and techniques whereby the individual can learn to manipulate his

environment, to monitor and regulate his behavior in the direction he desires. Here, the term environment is enlarged to include those private events more commonly subsumed under the rubric of imagery. This is legitimate because, after all, the images we build up are environmentally determined. For example, an individual cannot imagine himself obese from overeating without reference to some form of environmental cue.

There are many ways of developing self-control and here I would like to focus upon a technique which I have found helpful not only in this respect, but also in the development of self-esteem and learned resourcefulness (Susskind, 1970).

The Idealized Self-Image (ISI): A New Technique in Confidence Training

Cognitive principles and techniques are of value only to the extent that they are part of such a broad spectrum approach. For example, one problem common to many patients seeking therapy is a lack of self-confidence, together with poor self-esteem. It would appear that their diverse life experiences have uniformly served to reinforce an expectation toward failure and rejection. Focusing upon their mistakes, inadequacies, and rejections, this continued application of the "self-fulfilling prophecy" serves merely to perpetuate and reinforce the imbalance. As a result, they withdraw from

the challenges of life and "cop out." It is, therefore, necessary to train these patients to become aware of reinforcement contingencies and their concomitant effects upon the self-fulfilling process. To provide the necessary reinforcement for a more constructive life style there must be a positive shift in thinking and feeling as well as behavior. Patients who have been so trained learn to develop an independence not only from their therapists, but also from authority figures.

The following new technique, referred to as the Idealized Self-Image (ISI), has been found useful in that area of confidence training in which the goals are the creation of a more positive identity and an enhanced self-esteem. Based upon the concepts of positive reinforcement and the "self-fulfilling prophecy" and accomplished primarily through imagery, the ISI is usually initiated at the onset of therapy after an explanation of the principles involved.

Instructions to the Patient

1. Close your eyes and see yourself as your ISI, i.e., see yourself having all the traits, all the characteristics, and all the qualities you would like to possess.

   i. Select an ISI that you can attain within a relatively short period of time. At this time, do not aspire for one that is beyond your capacity. This should not be

interpreted to mean that you cannot set your sights for higher aspirations and long-term planning once these more immediate goals have been successfully achieved. Rather, see this as programmed learning in which you proceed from one level to the next in graduated steps.

ii. Describe your ISI in your own words. Be sure that your ISI includes those characteristics that you wish to attain, bearing in mind your present problems. (This step is essential. Not only will it reflect the patient's aspirations, it will also reveal whether his goals are realistic. For example, a slightly built, educationally limited young man saw his ISI as President Kennedy. He was made aware that his choice, though admirable, was far beyond him, but that there were some qualities that Kennedy had which he might wish to emulate, such as poise, ability to get along with people, intellectual curiosity, and so forth.)

2. Superimpose your ISI on your present self-image and see the enhancement of your self-image as it gradually evolves. The process of evolving from one level to another is an active and viable one. You will not attain your ISI by daydreaming about it or by wishful thinking. This can only be accomplished by actively participating in producing these effects, and by working assiduously towards these goals. This procedure sym-

bolically suggests that you are making a commitment to yourself to achieve your goals.

3. To help you attain your ISI, recall an incident or an experience in which you did something quite well and in which you experienced a feeling of accomplishment and a feeling of success.

4. Extend this feeling of accomplishment and success to anything you do in the present and plan to do in the immediate future. In other words, focus on your accomplishments and your successes. This does not mean that you should ignore your mistakes and failures--instead, see them as a "stop" sign, examine them as a process in learning. What am I doing that is wrong? How do I change my tactics? Where do I go from here?

5. Identify with your ISI. As you are walking down the street, as you are working on your job, as you are involved in social situations, begin to act, begin to feel, begin to relate as your ISI. As you see yourself, others will see you. Furthermore, as you see yourself, so you will act, so you will feel, and so you will relate to others.

In my experience, this technique has many advantages if used as part of a total behavior therapy program. (2) It

---

(2) It might be noted that the technique is by no means limited to a patient population. It is equally effective with normal subjects in a variety of settings.

provides the basis for confidence training by focusing on the positive aspects of the personality and capitalizing upon frustrations, mistakes, and failures by showing the patient how to utilize these deficits in a constructive fashion.

It provides the means for self-identification: who he is, where he is going, what he is doing, what he wants to be. In addition, it serves to help maintain the patient's identity within the bounds of reality and his therapeutic goals in focus at all times. For example, the woman who wishes to lose weight sees herself as gradually becoming slim and trim and carries this image with her at all times. It may also provide the patient with an additional technique or crutch for coping with challenging or anxiety-provoking situations. For example, the student who is anxious about speaking up in class includes in his ISI seeing himself speak before the group with ease and confidence. Moreover, the vivid positive self-image enables the patient to cope with the immediacy of a high anxiety experience in the desensitization process, thus eliminating the need for elaborate progressive hierarchies, and provides, in some instances, the opportunity for an accelerated or short-term treatment program.

Exploration of the ISI may facilitate the identification of significant but hitherto unrecognized problems and inconsistencies. For example, a man who requested help for impotency with his wife was asked to include in his ISI seeing himself

functioning well sexually with her. He dramatically jumped up from his chair at this suggestion. Exploration of this seemingly curious behavior and attitude brought to light the realization, for the first time, that this was not really what he wanted. Further exploration revealed his partial identification of his wife with his mother, so that having sex with his wife became tantamount to incest. It was then possible to work in behavioral terms with this problem. Sometimes the ISI can serve as the starting-off point for the resolution of quite different problems. For example, the patient who frequently brings about his own rejection, or the patient who avoids contact with others because he feels inadequate, can be helped by his identification with his ISI to move in the direction of his goals.

It may serve not only as a means for self-control but also as a device whereby the patient becomes aware that he has this ability within himself for control. For example, the patient who is emotionally hyperactive might include in his ISI, in addition to other selected characteristics, seeing himself as a calm, stable person who is in control of a situation. It might be suggested: "You are in the driver's seat--you can be in control."

The ISI may also help in the joint evaluation of therapeutic progress as patient and therapist consider together the extent to which the ISI identification has been achieved and

where further reinforcements are needed. In this fashion, it can serve to remind all who use the technique that behavior therapy is a collaborative process. The behavior therapist does not control behavior without the consent of the individual involved. It is the patient who selects his ISI; this is not imposed upon him except to the extent that it is incumbent upon the therapist to ascertain that the ISI is destructive neither to the patient, nor his family, nor his environment; beyond that he is free to choose.

Hypnosis and the Idealized Self-Image

Training in the use of the Idealized Self-Image is often enhanced by the use of hypnosis. Patients who are extremely tense, anxious or depressed, find it difficult to concentrate upon a positive self-image, hence the use of hypnosis in conjunction with this technique is helpful. A most effective approach in the use of self-hypnosis has been the following:

> It is a very, very heavy, hot muggy day in the summer...the sun is shining and it is very, very hot... it is a heavy, hot, muggy day...and as you keep staring at a spot, your eyelids are getting very, very heavy...very heavy...by the time I count to 5, if you feel like it, you will close your eyes. 1...heavier and heavier 2...very, very heavy...3...heavier and

heavier...4...very, very heavy...5...very, very heavy.

In the meantime, your legs are feeling very heavy. It is as if you have weights on your legs, making them feel very, very heavy...The heaviness is going from your toes...to your feet...to the muscles of your calves and your thighs feeling very, very heavy... feeling very, very relaxed...The heaviness is now going into your hands...it is going from your fingertips to your fingers...to the muscles of your hands, your forearms and your upper arms...feeling very, very heavy, feeling very, very relaxed...

The heaviness is going into your chest...and now into all the muscles of your stomach...the muscles of your back...your shoulder-blades...the muscles at the nape of your neck feeling very, very heavy...feeling very, very relaxed.

The heaviness is now going into all the muscles of your forehead...the small muscles around your eyes... the muscles around your mouth, the muscles of your cheeks, your chin and your throat...feeling very, very heavy--feeling very, very relaxed, very calm, very relaxed, feeling wonderfully well...

As I count down from 10 to 1, I will ask you to think of a scene that makes you feel calm, relaxed... feeling wonderfully well...10...9...deeply relaxed... 8...7...very, very deep...6...5...deep, deeply relaxed...4...3...very, very deep...2...1...very calm... very relaxed, deep...deep...deeply relaxed...just relax.

Illustrative Case Report

Diane, an extremely obese 20-year-old single girl was referred by her dermatologist. He had seen her for several months for treatment of an acne skin condition and hair loss, but she did not respond to treatment. Diagnosing the problem as psychogenic, psychological treatment was recommended.

Initially, she was extremely anxious, tense and very depressed; she reported she hated the way she looked, she "felt very fat, clumsy, ugly and stupid." Her parents, particularly her father, was over-indulgent. He made every effort to compensate for her loneliness and depressiveness. Her greatest fear was that her father would die and she would be abandoned. She had been enrolled in an art program, but rarely attended classes. Most of her time was spent sleeping during the day, watching TV until the early morning hours,

and eating; she literally turned night into day, giving her an excuse not to leave home.

During the first two sessions, we agreed on a program she should follow rigorously. Her goals (ISI) were to be slim, trim, feel more feminine (she felt this way when she was slim), feel more confident, and be more actively involved with people. In subsequent sessions, training in self-hypnosis and the Idealized Self-Image was given (a tape recording was made for her) and she was encouraged to practice this regime several times during the day.

The basic principles of learning were explained so that she would be aware of the contingencies of reinforcement, the antecedent cues and her consequent behavior. She was also taught how she could change and control her behavior by cognitive restructuring, systematic desensitization and the Idealized Self-Image technique.

Within six months, Diane had reached her planned weight loss of 50 pounds; she was now down to 135 pounds, the slimmest she had ever been. There was marked improvement in her skin and hair; she became actively involved both in her art work and newly found social life.

She later said: "In the past I always felt I could not control my anxieties and depressions--I expected I would have to suffer and live with them all my life. It feels great to know I can control; that I know what I can do to

avoid those terrible feelings and really feel good."

The Development of Learned Resourcefulness

The above case illustrates nicely one further therapeutic strategy which is often essential, namely the development of learned resourcefulness. As Seligman (1973) has made clear, we learn helplessness in coping with life more often than resourcefulness. It is, therefore, necessary to develop a new response pattern based upon the acquisition of resourcefulness rather than a state of being and feeling helpless. To accomplish this I have developed a procedure which involves weekly monitoring of the emerging Idealized Self-Image (Fig. 1). To facilitate this process, the patient is introduced to the active principles involved in diagrammatic form (Fig. 2). These principles are discussed with the patient in detail. Finally, the patient is shown how to log and monitor his negative behavior (includes thinking, feeling and acting), and how to bring about a more positive life style (Fig. 3).

CONCLUSIONS AND SUMMARY

In this paper, I have attempted to make a number of points. First, behavior therapy is by no means simplistic and mechanistic. Second, that it is possible to expand the horizons of behavior therapy to include such concepts as cognition and awareness without deteriorating into mentalistic

or Freudian speculation. Third, I have described a new technique, the Idealized Self-Image (ISI) for the enhancement of self-esteem and learned resourcefulness. Fourth, I have shown how this procedure can be used in conjunction with the process of hypnosis to develop the principles of self-control rather than being controlled from without.

REFERENCES

Franks, C.M.: The practitioner as behavioral scientist-myth wishful thinking or reality? New Jersey Psychologist, 1969, 19, pp. 498.

Franks, C.M. and Susskind, D.J.: Behavior modification with children: rationale and technique. Journal of School Psychology, Winter 1968, Vol. VI, 2, 75-88.

Franks, C.M., Susskind, D.J., Franks, V.: Behavior modification and the school psychologist. In M. Gottsegen (ed.) Professional School Psychology, Vol. III. New York, Grune & Stratton, 1969, 359-396.

Godfried, M.R. and Merbaum, M.: Behavior change through control. New York, Holt, Rinehart & Winston, 1973.

Kanfer, F. and Karoly, R.: Self-Control: A behavioristic excursion into the lion's den. Behavior Therapy, 1972, 3, 398-416.

Mahoney, M.J. and Thoresen, C.E.: Self-Control: power to the person. Calif., Wadsworth Publ. Co., 1973.

Seligman, E.P.: Fall into helplessness. Psychology Today, June, 1973.

Susskind, D.J.: The idealized self-image: a new technique in confidence training. Behavior Therapy, Vol. 1, 4, 538-541.

###

TABLE I

* MONITORING YOUR IDEALIZED SELF-IMAGE WEEK BY WEEK *

DESCRIPTION OF YOUR ISI: that you see yourself attaining after one week (please give at least 2 or 3)

1. _____
2. _____
3. _____
4. _____
5. _____

WEEKLY MONITORING OF ISI:

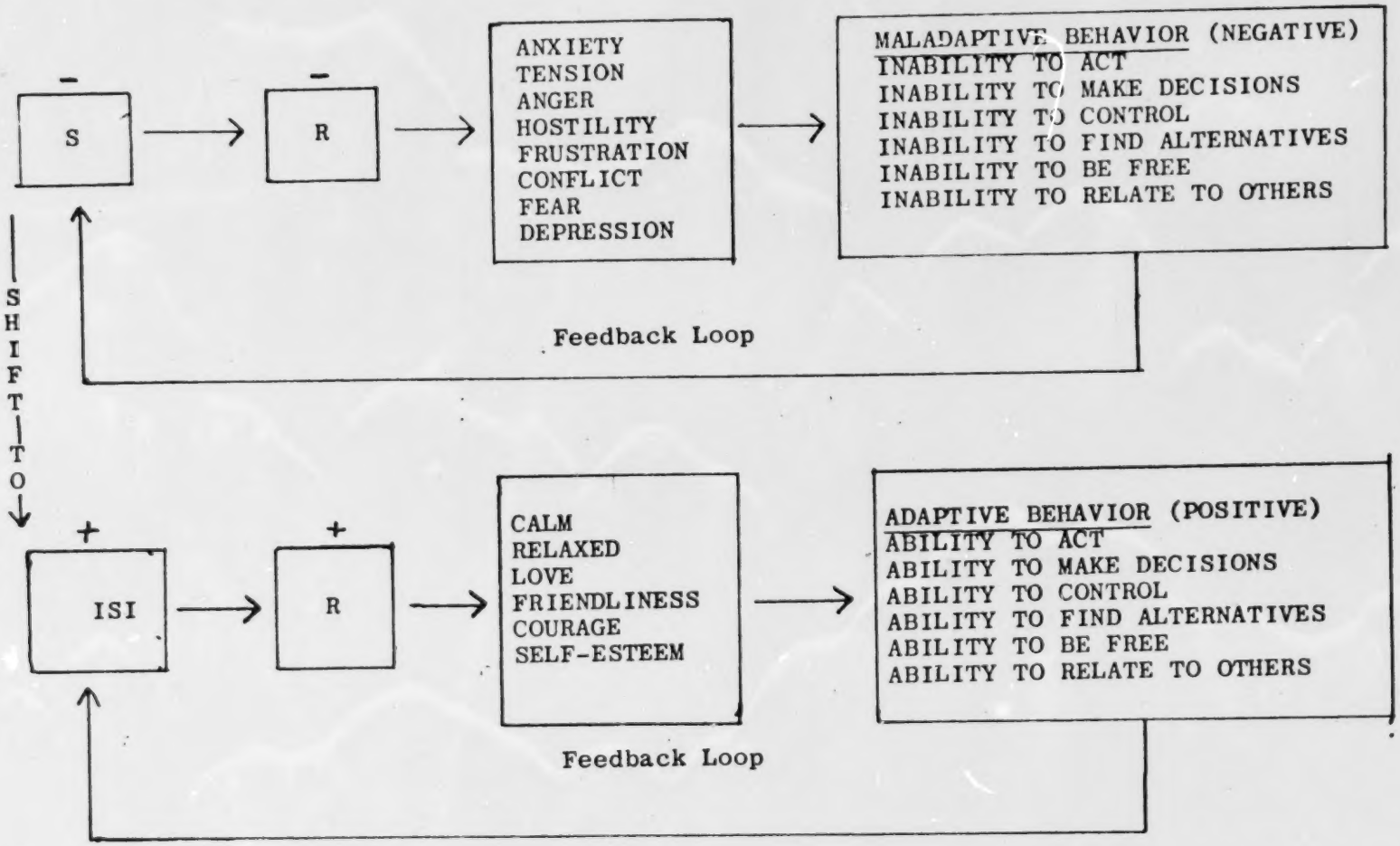
1. To counter-condition negative behavior (thinking, feeling, acting)
2. Try to improve your record each day.

DATE	RELAXATION	ISI

Copyright 1973 Dorothy J. Susskind
415 East 52nd St.
New York, N.Y. 10022

TABLE II

FEEDBACK PARADIGM FOR RE-EDUCATION FOR SELF-CONTROL BEHAVIOR



BEST COPY AVAILABLE

Copyright 1973 Dorothy J. Susskind
415 East 52nd St.
New York, N.Y. 10022

TABLE III

* WEEKLY MONITORING FOR SELF-CONTROL BEHAVIOR *

PURPOSE FOR KEEPING CHART:

1. To make you AWARE of your negative behavior. This INCLUDES THINKING, ACTING and FEELING.

2. To help you PREVENT or DETER negative behavior. This INCLUDES THINKING, ACTING, FEELING.

3. To assist you in REARRANGING overwhelming problems into ORGANIZED DISCRETE UNITS.

DATE	- S	- R	+ ISI	+ R	REMARKS

Copyright 1971 Dorothy J. Susskind
415 East 52nd St.
New York, N.Y. 10022